

Animal Massage Treatment Plan

Client Name: _____

Choose One: Original Plan Reassessment date _____

Short term client goals:

Long term client goals:

1) Frequency 2. Length) 3.) Duration of visits:

1.) _____ 2.) _____ 3.) _____

Progress Measurements to be used. (example: pain scale, range of motion, increased ability to perform function)

Dates of reassessment:

Categories of massage methods to be used:

Client Signature: _____ Therapist Signature _____

Date: _____

